

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008872

318

1003

1808

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 23 1962

1. PLACE OF DEATH a. COUNTY - - -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY - - -	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis, Missouri	
Length of stay in 1b 2 1/2 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes, Hospital		d. STREET ADDRESS (If outside, give location) 5136 Delmar Boulevard	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle N. Last Vinyard		4. DATE OF DEATH Month February Day 11, Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-9-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Funeral Service	
11. BIRTHPLACE (City and state or country) Festus, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Vinyard		13b. MOTHER'S MAIDEN NAME (Unknown)	
14. NAME OF HUSBAND OR WIFE Virginia M. Vinyard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Virginia M. Vinyard 5136 Delmar	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY ATHEROSCLEROSIS DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from FEB. 8, 1962 to FEB. 11, 1962 and last saw her alive on FEB. 11, 1962 Death occurred at 4:00 A.M. 2/11/62 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul M. Larson, M.D. Degree or title	
22b. ADDRESS 3654 South Grand		22c. DATE SIGNED 2/12/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-14-62	23c. NAME OF CEMETERY OR CREMATORY Rose Lawn	23d. LOCATION (City, town, or county) Crystal City, Missouri (State)
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY		25. DATE RECD. BY LOCAL REG. FEB 12 1962	
26. REGISTRAR'S SIGNATURE Robert Smith, M.D.			

USE BLACK INK.
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
2
INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Dr. Paul U. Larson
100-N.-Euclid
FO.-1-0717

5417-S.-Grand
FL.-3-5511

Mo. C.S. 30
3654.S. Grand
Room 101
1 pm - 4 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Denny

Licensed Embalmer No.

4194

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.